



Tour of Giving GREAT Giver entry form

HopeHelpHeal's Tour of Giving is very selective on who we help and who we highlight on the show. That's why we ask LOTS of questions. Please take some time to fill out the questionnaire below as thoroughly as possible. We would also like you to submit a video, which shows a little bit more about the person/ organization you are nominating. Videos are accepted in DVD format or can be uploaded to YouTube with the URL address of the video listed on your application.

Name of Nominee or Organization that is a GREAT GIVER

Individual/Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Website: _____

First Name: _____ Last Name: _____

Job Title: _____ Industry: _____

Phone: _____ Fax: _____

Email: _____

What makes this person or organization a GREAT GIVER?



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COMMUNITY INVOLVMENT – Please list all of the ways this person/ organization has helped the community

BACKGROUND – How long has this person/ organization been giving and/or working towards his/her/its current philanthropic efforts? What have the individuals personally done to further the cause, e.g., financially, time commitments, other ways of giving?

PERSONAL BACKGROUND on individual/ leader of the organization nominated. What is the current financial status of the individual? Does the person have a criminal background of any sorts? Please provide us with as much information as possible to paint a full picture of where the individual currently is.



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If you are nominating someone, please give us your contact information.

Name _____ Relationship to nominee _____

Address _____

Email address _____

Phone _____

Is the video/ DVD included? Yes ___ No _____ If not, provide the URL for the link to the nomination video. _____

I hereby certify that the above answers are truthful. I understand that by signing this document, I am not only verifying the validity of this application but also releasing all of the above information, including video and photos that are submitted, to the producers of Tour of Giving. I understand that this information will be used for consideration of the Great Giver contest and possibly for consideration for future shows. I grant Tour of Giving producers and staff the right to investigate any information submitted. Further, if the individual/ organization advances to the next round of the selection process, I will work to provide the information requested in a timely and comprehensive manner.

Signature

Printed name

**PLEASE SUBMIT THIS FORM TO greatgiver@TourofGiving.COM
Or mail to PO Box 670414 Dallas, TX 75367**

Our producers will review your form and get back with you shortly if more information is needed.

Thank you for your time!

Due to the large number of entries, we ask that you only submit one entry per individual/ organization.